



STATE OF ALABAMA
DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE
P O BOX 303352
MONTGOMERY AL 36130-3352
(334) 241-4166 FAX (334) 241-4158

BLASTING CERTIFICATION APPLICATION

Certification Class Applied For:

☐ A (Unlimited) ☐ B (General Above Ground) ☐ C (General Under Ground) ☐ D (Demolition)
☐ G (Special) specify type work _____

Name of Applicant _____

(PLEASE PRINT OR TYPE)

Date of Birth _____ Social Security No. _____ Telephone No. (____) _____

Complete Home Address _____

Name of Employer _____

Address of Employer _____

ADDRESS

CITY

STATE

ZIP

Employer Telephone No. (____) _____

Have you ever been certified or licensed by this office before? Yes _____ No _____

Are you currently certified and licensed in any other state? Yes _____ No _____

If yes: which state and when? _____

Have you ever been denied a blaster's license in any state? Yes _____ No _____

If yes: provide complete details for each occurrence.

Has this blaster ever been charged with or convicted of a crime involving the illegal use of explosives?

Yes _____ No _____ If yes: provide complete details.

Has this blaster ever been charged with or convicted of a felony? Yes _____ No _____

(Felony charges may include, but are not limited to, crimes involving drugs, burglary, robbery, murder, manslaughter, and explosives or firearms violations.)

Do you store explosives? Always _____ Occasionally _____ Never _____

Location of physical storage facility. _____

I hereby certify that the information provided herein is true and correct.

Date of Application

Applicant's Signature

Work experience resume required for first time applicants.

**\$100.00 LICENSE FEE AND ONE 2"X2" PASSPORT SIZE PHOTOGRAPH TO BE
SUBMITTED WITH APPLICATION.**

MAKE ALL CHECKS PAYABLE TO THE STATE FIRE MARSHAL'S FUND.

.....
---FOR OFFICE USE ONLY-----FOR OFFICE USE ONLY-----FOR OFFICE USE ONLY---

App Rev Started _____ Completed _____

Approve _____ Deny _____ Blaster ID No. _____

EQUAL OPPORTUNITY EMPLOYER